

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-016036

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 163

FILED MAY 14 1962

|  |   |  |   |
|--|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Marion</u>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>                            |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR <u>Hannibal</u>  |   | c. CITY OR TOWN <u>Hannibal</u>  |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Levering Hospital</u>  |   | d. STREET ADDRESS (If outside, give location)<br><u>1507 Viley</u>   |   |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <u>Elmer</u> Middle <u>C.</u> Last <u>Wooten</u>   |   | 4. DATE OF DEATH<br>Month <u>May</u> Day <u>1</u> Year <u>1962</u>   |   |
| 5. SEX<br><u>Male</u>  | 6. COLOR OR RACE<br><u>White</u>  | 7. Married <input checked="" type="checkbox"/> : Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>        | 8. DATE OF BIRTH<br><u>Jan. 24, 1888</u>                              |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Brakeman, retired</u>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>C.B. &amp; Q. RR. Co.</u>  |   |
| 11. BIRTHPLACE (City and state or country)<br><u>Spalding Springs, Mo. U.S.A.</u>  |   | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>   |   |
| 13a. FATHER'S NAME<br><u>Simon Wooten</u>  |   | 13b. MOTHER'S MAIDEN NAME<br><u>Mary L ouise Glascock</u>  |   |
| 14. NAME OF HUSBAND OR WIFE<br><u>Ida Louise Wooten</u>  |   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no or unknown) (If yes, give war or dates of service)<br><u>No</u>  |   |
| 16. INFORMANT<br><u>Mrs. Ida Wooten, 1507 Viley</u>  |   | 17. ADDRESS<br><u>Hannibal, Mo.</u>  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u><br>DUE TO (b) <u>Essential hypertension</u><br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>2 hrs.</u>  |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)   |   |
| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m.<br>Month, Day, Year _____  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    |  |   |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |   | 20f. CITY, TOWN, OR LOCATION<br>COUNTY _____ STATE _____   |   |
| 21. I attended the deceased from <u>1960</u> to <u>1 May 1962</u> and last saw her him alive on <u>1 May 1962</u><br>Death occurred at <u>2:10 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.   |   |  |   |
| 22a. SIGNATURE<br>(Degree or title)<br><u>W. H. Hamlin M.D.</u>  |   | 22b. ADDRESS<br><u>Hannibal, Mo.</u>   |   |
| 22c. DATE SIGNED<br><u>5/5/62</u>  |   | 22d. DATE SIGNED   |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   | 23b. DATE<br><u>May 3, 1962</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Grand View Burial Park</u>  | 23d. LOCATION (City, town, or county) (State)<br><u>Hannibal, Mo.</u> |
| 24. FUNERAL DIRECTOR<br>ADDRESS<br><u>H.M.O'Donnell, Hannibal, Mo.</u>   |   | 25. DATE RECD. BY LOCAL REG.<br><u>May 7, 1962</u>   |   |
| 26. REGISTRAR'S SIGNATURE<br><u>Dr. E. M. Lucha by William M. Herman</u>   |   | 26. REGISTRAR'S SIGNATURE  |   |

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

USE BLACK INK  
OR  
TYPEWRITER RIBBONVS 300  
Rev. 4/59

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Wm O'Donnell

Licensed Embalmer No. 3889

P. O. Address Hannibal, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit raised 5/4/62